

Consolidated Tribal Health Project, Inc.
Title VI Program
&
Limited English Proficiency Plan

Transit System

2018





Table of Contents

Consolidated Tribal Health Project, Inc. Title VI Program	1
Consolidated Tribal Health Project, Inc. Limited English Proficiency Plan	
Four Factor Analysis.....	7
Language Assistance Plan	12
Staff Training.....	13
Monitoring and Updating	14
Dissemination of the Consolidated Tribal Health Project, Inc. Language Assistance Plan	14
Appendix A: Title VI Notice to Beneficiaries	15
Appendix B Title VI Complaint Procedures	17
Appendix C: Title VI Complaint Form.....	19
Appendix D: Consolidated Tribal Health Project, Inc. Passenger Conduct Guidelines	23
Appendix E: Transit Brochure	27
Appendix F: List of Title VI Investigations, Complaints, and Lawsuits	31
Appendix G: Public Participation Plan.....	33
Appendix H: Letter Acknowledging Receipt of Title VI Complaint.....	34
Appendix I: Letter of Finding (Notifying Complainant that the Complaint is Substantiated).....	35
Appendix J: Closure Letter (Notifying Complainant that the Complaint is Not Substantiated)	36
Appendix K: Caltrans Public Participation Survey	37
Appendix L: Training Materials	
Policy and Procedures for Interactions with LEP Persons	43
LEP Documentation Form	44
“I Speak” Cards.....	45
Appendix M: 2011 – 2015 American Community Survey 5-Year Estimates: Age by Language	
Spoken at Home by Ability to Speak English for the Population 5 Years and Over	49
Appendix N: 2011 – 2015 American Community Survey 5-Year Estimates: Language Spoken	
at Home by Ability to Speak English for the Population 5 Years and Over	51
Board Resolution Approving the Title VI and LEP Plans.....	55



Consolidated Tribal Health Project, Inc. Title VI Program Transit System

Introduction:

Consolidated Tribal Health Project, Inc. (CTHP) was incorporated in 1984 to address the disparity in health care among Native Americans living in Mendocino County.

CTHP's clinic originally was located in a rented office space in Ukiah. Having outgrown its original location, CTHP purchased a 5 ½ acre parcel in Redwood Valley in 1998 that was the site of a pediatric clinic. CTHP renovated the original clinic building (building A) and constructed a clinic building (building B) and the Wellness Center.

CTHP is committed to healthy lifestyles and honoring traditional Native American values to maintain physical, mental, emotional, spiritual, and social wellbeing of the community.

CTHP offers behavioral health, dental, medical, and patient support programs and services. Specialty services include acupuncture, massage therapy, chiropractic services, and a Traditional Healer program. Support services are offered by the Outreach department. They provide transportation services, diabetes wellness programs, fitness activities, patient education and support, and a garden project.

CTHP has been accredited by Accreditation Association for Ambulatory Health Care (AAAHC) since 2006. CTHP has been a managed care organization with Partnership HealthPlan of California since 2011. CTHP is a Title V Contractor through Indian Health Service's Office of Tribal Self Governance.

Mendocino County is the fifteenth largest county in the state of California. Located in Redwood Valley, CTHP is roughly central in Mendocino County, about 125 miles north of San Francisco and Oakland, and equidistant west of Sacramento.

Most of our patients are located in and around the inland valley, but some patients come from Round Valley or the coast, each a 1 ½ hour trip one way. Public transportation is very limited and nonexistent in many areas.

Mendocino County's 3,506 square miles includes coastline and ocean, mountain ranges with redwood forests, inland valleys, lakes and rivers and desert-like areas. Elevation levels range from sea level to approximately 7,000 feet. The county is very rural/frontier with many unincorporated areas.

Mendocino County has approximately 88,000 residents, most of whom live in unincorporated areas throughout the county. CTHP served 3,285 patients in 2016. Seventy-three (73%) % of our patients were American Indian/Alaska Native in 2016. CTHP serves patients of all ages.



Plan Statement:

Consolidated Tribal Health Project, Inc. (CTHP) operates their transit service throughout Mendocino County. As a condition of receiving Federal Transit Administration (FTA) financial assistance from the U.S. Department of Transportation (DOT) to operate this service, CTHP must ensure that their programs, policies, and activities comply with DOT's Title VI regulations. The following program was developed to guide CTHP in its administration and management of Title VI-related activities, and details how CTHP meets the requirements as set forth in FTA Circular 4702.1B.

Section 601 under Title VI of the Civil Rights Act of 1964 states the following:

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Policy:

Consolidated Tribal Health Project, Inc. (CTHP) is committed to ensuring that no person on the basis of race, color, or national origin will be excluded from participation or subjected to discrimination in the level and quality of transit services or related benefits provided by CTHP's employees, affiliates, and contractors.

Governing Board:

Consolidated Tribal Health Project, Inc. (CTHP) is a nonprofit 501(c)(3) ambulatory community health clinic governed by a consortium of eight federally recognized tribes. CTHP's governing consortium of Tribes include: Cahto Tribe of the Laytonville Rancheria; Coyote Valley Band of Pomo Indians; Guidiville Rancheria of California; Hopland Band of Pomo Indians; Pinoleville Pomo Nation; Potter Valley Tribe; Redwood Valley Band of Pomo Indians of California; and Sherwood Valley Rancheria of Pomo Indians of California. There are a total of 15 Board Members from these 8 tribes.



General Reporting Requirements:

Chapter III of FTA Circular 4702.1B addresses the general reporting requirements for recipients and sub-recipients of Federal Transit Administration (FTA) funding to ensure that their activities comply with DOT Title VI regulations. Below are summaries of each requirement and how the Consolidated Tribal Health Project's Title VI Program fulfills that requirement.

1. **REQUIREMENT TO PROVIDE TITLE VI ASSURANCES.**

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement shall be fulfilled when the applicant/recipient submits its annual certifications and assurances to FTA.

The Consolidated Tribal Health Project, Inc. submits its Certifications and Assurances to Caltrans when they receive a grant.

2. **REQUIREMENT TO PREPARE AND SUBMIT A TITLE VI PROGRAM.**

FTA requires that all direct and primary recipients document their compliance with DOT's Title VI regulations by submitting a Title VI Program to their FTA regional civil rights officer once every three years or as otherwise directed by FTA. For all recipients (including sub-recipients), the Title VI Program must be approved by the recipient's board of directors or appropriate governing entity or official(s) responsible for policy decisions prior to submission to FTA. Sub-recipients shall submit Title VI Programs to the primary recipient from whom they receive funding in order to assist the primary recipient in its compliance efforts.

Consolidated Tribal Health Project, Inc.'s Board of Directors will approve this Title VI Program by resolution. The effective date will be the date of the resolution.

3. **REQUIREMENT TO NOTIFY BENEFICIARIES OF PROTECTION UNDER TITLE VI**

The Title VI Program shall include recipient's Title VI notice to the public that indicates the recipient complies with Title VI, and informs members of the public of the protections against discrimination afforded to them by Title VI. Include a list of locations where the notice is posted.

The Consolidated Tribal Health Project, Inc. (CTHP) has developed a public Title VI Notice to Beneficiaries following the guidelines of Circular FTA C 4702.1B, Appendix B. A copy of this notice is found in Appendix A of this Title VI Program. The notice is displayed in the lobby of CTP and on the bus. The notice is also posted on the following website:

<https://www.cthp.org/>.



4. REQUIREMENT TO HAVE TITLE VI COMPLAINT PROCEDURES AND A COMPLAINT FORM

All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public. Recipients must also develop a Title VI complaint form, and the form and procedure for filing a complaint shall be available on the recipient's website.

The Consolidated Tribal Health Project, Inc. (CTHP) has developed a Title VI complaint procedure and form. In this Title VI Program, Appendix B outlines CTHP's Title VI Complaint Procedures, and Appendix C is a copy of the CTHP's Title VI Complaint form.

The complaint procedures and form are available in English and Spanish on the bus, at CTHP's front desk, and on CTHP's transit webpage, <https://www.cthp.org/>. Individuals who do not have access to the internet may request that CTHP mail them a paper copy of the procedures and form.

5. REQUIREMENT TO RECORD AND REPORT TRANSIT-RELATED TITLE VI INVESTIGATIONS, COMPLAINTS, AND LAWSUITS

In order to comply with the reporting requirements of 49 CFR Section 21.9(b), FTA requires all recipients to prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin: active investigations conducted by entities other than FTA; lawsuits; and complaints naming the recipient. This list shall include the date that the investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to, the investigation, lawsuit, or complaint.

The Consolidated Tribal Health Project, Inc. (CTHP) will maintain a list of all investigations, lawsuits and complaints naming CTHP according to the guidelines of Circular FTA C 4702.1B, Appendix E. A copy of this list is provided in Appendix F of this Title VI Program. In addition, CTHP will maintain permanent records of all related documents. CTHP has not received any Title VI complaints of discrimination and therefore does not have any investigations or lawsuits to report, however the processes are in place in the instance that complaints are made.

6. REQUIREMENT TO PROMOTE INCLUSIVE PUBLIC PARTICIPATION

The content and considerations of Title VI, the Executive Order on LEP, and the DOT LEP Guidance shall be integrated into each recipient's established public participation plan or process (i.e., the document that explicitly describes the proactive strategies, procedures, and desired outcomes that underpin the recipient's public participation activities).

The Consolidated Tribal Health Project, Inc.'s (CTHP) public participation policy is shown in Appendix G of this Title VI Program. CTHP ensures that minority and LEP populations, as with all clients of the CTHP, will be empowered to participate in decisions involved with CTHP's transit system.



7. REQUIREMENT TO PROVIDE MEANINGFUL ACCESS TO LEP PERSONS.

Consistent with Title VI of the Civil Rights Act of 1964, DOT's implementing regulations, and Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (65 FR 50121, Aug. 11, 2000), recipients shall take reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for individuals who are limited-English proficient (LEP).

Please see the Consolidated Tribal Health Project, Inc.'s (CTHP) Limited English Proficiency Plan attached to this Title VI Program. The CTHP's Four Factor Analysis and action plan are contained therein.

8. MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES.

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, "deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program." Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.

The Consolidated Tribal Health Project, Inc. (CTHP) does not have a non-elected transit board or advisory council, however in the event that one were established, CTHP would ensure proper minority representation on such board or council.

9. REQUIREMENT TO PROVIDE ASSISTANCE TO SUBRECIPIENTS

Title 49 CFR Section 21.9(b) states that if "a primary recipient extends Federal financial assistance to any other recipient, such other recipient shall also submit such compliance reports to the primary recipient as may be necessary to enable the primary recipient to carry out its obligations under this part." Primary recipients should assist their subrecipients in complying with DOT's Title VI regulations, including the general reporting requirements. Assistance shall be provided to the subrecipient as necessary and appropriate by the primary recipient.

Caltrans only.

10. REQUIREMENT TO MONITOR SUBRECIPIENTS

In accordance with 49 CFR 21.9(b), and to ensure that subrecipients are complying with the DOT Title VI regulations, primary recipients must monitor their subrecipients for compliance with the regulations. Importantly, if a subrecipient is not in compliance with Title VI requirements, then the primary recipient is also not in compliance.

Caltrans only.



11. DETERMINATION OF SITE OR LOCATION OF FACILITIES.

Title 49 CFR Section 21.9(b)(3) states, “In determining the site or location of facilities, a recipient or applicant may not make selections with the purpose or effect of excluding persons from, denying them the benefits of, or subjecting them to discrimination under any program to which this regulation applies, on the grounds of race, color, or national origin; or with the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the Act or this part.” Title 49 CFR part 21, Appendix C, Section (3)(iv) provides, “The location of projects requiring land acquisition and the displacement of persons from their residences and businesses may not be determined on the basis of race, color, or national origin.” For the purposes of this requirement, “facilities” does not include bus shelters, as these are transit amenities and are covered in Chapter IV, nor does it include transit stations, power substations, etc. as those are evaluated during project development and the NEPA process. Facilities included in this provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc.

The Consolidated Tribal Health Project, Inc. does not construct transit facilities.

12. REQUIREMENT TO PROVIDE ADDITIONAL INFORMATION UPON REQUEST.

FTA may request, at its discretion, information other than that required by this Circular from a recipient in order for FTA to investigate complaints of discrimination or to resolve concerns about possible noncompliance with DOT’s Title VI regulations.

The Consolidated Tribal Health Project, Inc. will fully cooperate with any FTA investigation of discrimination complaints to the extent required by Title VI regulations.



Consolidated Tribal Health Project, Inc. Limited English Proficiency Plan

Introduction

The purpose of this Language Assistance Plan is to clarify the responsibilities of Consolidated Tribal Health Project, Inc. (CTHP), as a recipient of federal financial assistance from the U.S. Department of Transportation (DOT), to persons with limited English proficiency (LEP), pursuant to Title VI of the Civil Rights Act of 1964 and implementing regulations. It was prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq., and its implementing regulations provide that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives federal financial assistance.

Executive Order 13166 "Improving Access to Services for Persons With Limited English Proficiency," reprinted at 65 FR 50121 (August 11, 2000), directs each Federal agency that is subject to the requirements of Title VI to publish guidance for its respective recipients clarifying that obligation. Executive Order 13166 further directs that all such guidance documents be consistent with the compliance standards and framework detailed in the Department of Justice's (DOJ's) Policy Guidance entitled "Enforcement of Title VI of the Civil Rights Act of 1964--National Origin Discrimination Against Persons With Limited English Proficiency." (See 65 FR 50123, August 16, 2000 DOJ's General LEP Guidance). Different treatment based upon a person's inability to speak, read, write, or understand English may be a type of national origin discrimination.

Executive Order 13166 applies to all federal agencies and all programs and operations of entities that receive funding from the federal government, including state agencies, local agencies and governments, private and non-profit entities (such as CTHP), and sub-recipients.

Plan Summary

CTHP has developed this Limited English Proficiency (LEP) plan to help identify reasonable steps to provide language assistance for LEP persons who seek meaningful access to CTHP's services as required by Executive Order 13166. As defined by this order, a person with Limited English Proficiency is one who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English.

This plan details procedures for identifying a person who may need language assistance, the ways in which assistance may be provided, staff training, how to notify LEP persons that assistance is available, and potential future updates to the plan.

Four Factor Analysis

The U. S. Department of Transportation (DOT) issued its Policy Guidance Concerning Recipient's Responsibilities to Limited English Proficient (LEP) Persons [Federal Register: December 14, 2005 (Volume 70, Number 239)]. This policy states that DOT recipients are required to take reasonable steps to ensure



meaningful access to programs by LEP persons. This coverage extends to the recipient's entire program. There are four factors for agencies to consider when assessing language needs and determining what steps they should take to ensure access for LEP persons, regardless of whether or not the agency chooses not to prepare a written LEP plan. A brief description of the self-assessment undertaken in each of these areas follows.

In developing the plan, CTHP undertook a Four Factor Analysis as required by U.S. DOT. This considers the following factors:

- 1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the CTHP.
- 2) The frequency with which LEP persons come into contact with CTHP's programs, activities, or services;
- 3) The nature and importance of the programs, activities or services provided by CTHP to the population; and
- 4) The resources available to CTHP for LEP outreach, as well as the costs associated with that outreach.

A summation of these considerations is provided in the following section.

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the CTHP's transit service.

CTHP's transit system serves the following groups: current CTHP AI/AN patients; current CTHP Medicaid patients; Elders and mothers with children; and patients from all local Tribes that do not have a transportation program, or are unable to access a current transportation program offered by their Tribe. The range of CTHP's transit system is Mendocino County therefore American Community Survey data for the entire county was analyzed. To determine the number or proportion of LEP persons to be served or likely to be encountered, CHTP used Table B16004 from the 2011-2015 American Community Survey 5-Year Estimates.

Executive Order 13166 defines a LEP person as one who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English. The data found in Table B16004 is separated into three age groups: 5 to 17 years, 18 to 64 years, and age 65 plus. The data in each age group is broken down by the language spoken at home. Finally, for each language spoken at home, the data is separated into four categories based on how well the person speaks English: "very well", "well", "not well", and "not at all". For the purpose of identifying a LEP person, CHTP examined data for those who speak English "well", "not well", or "not at all".

The table in Appendix M shows that for all people age 5 and over, there are 7,655 LEP people across the county who speak a language other than English at home and are not very proficient with the English language. This is approximately 9.28% of the total population.



DOT has adopted Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP populations.

"The 'Safe Harbor Provision' as defined by Department of Justice, stipulates that if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations."

CTHP further examined specific languages using the *2011-2015 American Community Survey 5-Year Estimates: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over* (Table B16001). This data allowed CTHP to determine which language groups fall under the 'Safe Harbor Provision'. Please refer to Appendix N: 2011-15 American Community Survey 5-Year Estimates: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over.

All language groups other than Spanish have estimated populations of less than 1,000 persons and 5% of the total population. There are no languages that may approach the Safe Harbor Provision threshold in the foreseeable future.

2. The frequency with which LEP persons come into contact with CTHP programs, activities, or services.

According to the *2011-2015 American Community Survey 5-Year Estimates*, the largest geographic concentration of LEP individuals in CTHP's service area is Spanish-speaking. This population is approximately 17.7% of the population over 5 years of age, or an estimated population of 14,598. Those that speak English less than "very well" are 8.6% of the population or an estimated 7,070 people. CTHP regularly assesses the frequency at which staff and drivers have or could possibly have contact with LEP persons. This includes documenting phone inquiries and verbally surveying drivers. CTHP staff and drivers have infrequent interactions with Spanish speaking passengers on their transit service.

3. The nature and importance of the programs, activities or services provided by CTHP to the population.

CTHP provides essential behavioral health, dental, medical, and patient support programs and services to residents throughout Mendocino County.

4. The resources available to CTHP for LEP outreach, as well as the costs associated with that outreach.

CTHP has assessed its available resources that could be used for providing LEP assistance. Interpretation and translation services are available through CTHP staff as well as other agencies such as Nuestra Casa and Migrant Education. Language interpretation may be available for other languages in cooperation with Mendocino County Social Services and organizations such as the City of Ten Thousand Buddhas. In addition, MCOG's Title VI Notice and Complaint Procedures and Form (Appendices A-C) are available in both English and Spanish and can be found at CTHP's office and on the website. More complex professional interpretation or translation services are done on an as-needed basis.



Language Assistance Plan

A person who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English may be a Limited English Proficient person and may be entitled to language assistance with respect to CTHP's services. Language assistance can include interpretation, which means oral or spoken transfer of a message from one language into another language and/or translation, which means the written transfer of a message from one language into another language.

How CTHP Staff may identify an LEP person who needs language assistance:

- Post notice of LEP Plan and the availability of interpretation or translation services free of charge in languages LEP persons would understand
- All CTHP staff will be provided with "I Speak" cards to assist in identifying the language interpretation needed if the occasion arises.
- All CTHP staff will be informally surveyed periodically on their experience concerning any contacts with LEP persons during the previous year.
- When CTHP sponsors an informational meeting or event, an advanced public notice of the event should be published including special needs related to offering a translator (LEP) or interpreter (sign language for hearing impaired individuals). CTHP will handout a Title VI survey (See Appendix K) in an effort to collect LEP data. Additionally, a staff person may greet participants as they arrive. By informally engaging participants in conversation it is possible to gauge each attendee's ability to speak and understand English. Although translation may not be able to be provided at the event, it will help identify the need for future events.

Language Assistance Measures

Although CTHP serves a very low percentage of LEP individuals, that is, persons who speak English "well", "not well", or "not at all", it will strive to offer the following measures:

1. CTHP staff will take reasonable steps to provide the opportunity for meaningful access to LEP clients who have difficulty communicating in English.
2. The following resources will be available to accommodate LEP persons:
 - a. If an individual is a Spanish-speaker, CTHP has Spanish-speaking staff available to translate. If these people are unavailable, CTHP will reach out to other agencies such as Nuestra Casa for interpretive services.
 - b. Language interpretation may be available for other languages in cooperation with Mendocino County Social Services.
3. CTHP will publish meeting notices and minutes in both English and Spanish and they will be posted in the lobby and on their website. These documents will be available in other languages upon request.



Staff Training

CTHP staff will be trained annually on the following:

- Information on the Title VI policy and LEP responsibilities.
- The policy and procedures for interaction with LEP persons
- Description of language assistance services offered to the public.
- Use of the “I Speak” cards.
- Documentation of language assistance requests.
- How to handle a Title VI/LEP complaint.

See Appendix L for Training Materials.

Monitoring and Updating

CTHP's Language Assistance Plan is designed to be easily updated. At a minimum, CTHP will follow the Title VI Program update schedule of submission every 3 years.

Each update of the LEP Plan will examine plan components including:

- The number of documented LEP person contacts encountered annually.
- How the needs of LEP persons have been addressed.
- Determination of the current LEP population in the service area.
- Determination as whether the need for translation services has changed.
- Determine whether local language assistance programs have been effective and sufficient to meet the need.
- Determine whether CTHP fully complies with the goals of this LEP Plan.
- Determine whether complaints have been received concerning the agency's failure to meet the needs of LEP individuals.
- Maintain a Title VI complaint log, including LEP to determine issues and basis of complaints.



Dissemination of Consolidated Tribal Health Project, Inc.

Language Assistance Plan

Consolidated Tribal Health Project, Inc. (CTHP) will include the Language Assistance Plan along with the Title VI Program on the CTHP transit website (<https://www.cthp.org/>). Any person, including social service, non-profit, and law enforcement agencies and other community partners with internet access will be able to access the plan. Copies of the Language Assistance Plan will be provided, on request, to any person(s) requesting the document via phone, in person, by mail or email. LEP persons may obtain copies/translations of the plan upon request.

Any questions regarding this plan should be directed to the CTHP Title VI Coordinator:

CTHP Title VI Coordinator
6991 N. State St.
Redwood Valley, CA 95470
Phone: (707) 485-5115



Appendix A: Title VI Notice to Beneficiaries

The Consolidated Tribal Health Project, Inc. (CTHP) operates its programs and services without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with CTHP.

For more information on CTHP's civil rights program and the procedures to file a complaint, contact (707) 485-5115; go online at <https://www.cthp.org/>; or visit our administrative office at 6991 N. State. St., Redwood Valley, CA 95470.

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington DC 20590.

If information is needed in another language, contact (707) 485-5115.



Appendix A: Título VI Aviso a los beneficiarios

Consolidated Tribal Health Project, Inc. (CTHP) opera sus programas y servicios sin tener en cuenta raza, color y origen nacional, de conformidad con el Título VI del Acta de Derechos Civiles. Cualquier persona que cree que él o ella ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI puede presentar una queja ante CTHP.

Para obtener más información sobre el programa de derechos civiles de CTHP y los procedimientos para presentar una queja, contacte a (707) 459-6826; ir en línea en <https://www.cthp.org/>, o visite nuestra oficina administrativa en 6991 N. State St., Redwood Valley, CA 95470.

Un demandante puede presentar una queja directamente con la Administración Federal de Tránsito mediante la presentación de una queja ante la Oficina de Tránsito Administración Federal de Derechos Civiles, Atención: Coordinador del Programa del Título VI, East Building, 5th Floor-TCR, 1200 New Jersey Ave., NW, Washington DC 20590.

Si se necesita información en otro idioma, llame al (707) 485-5115.



Appendix B: Title VI Complaint Procedures

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Consolidated Tribal Health Project, Inc. (CTHP) transit system may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. CTHP investigates complaints received no more than 180 days after the alleged incident. CTHP will process complaints that are complete.

All Title VI and related statute complaints are considered formal- there is no informal process. Complaints must be in writing and signed by the complainant on the form provided. Complaints must include the complainant's name, address and phone number and be detailed to specify all issues and circumstances of the alleged discrimination. Allegations must be based on issues involving race, color or national origin. Title VI Complaints of discrimination may be filed with:

Consolidated Tribal Health Project, Inc.
Attn: Title VI Coordinator
6991 N. State St.
Redwood Valley, CA 95470

Once the complaint is received, CTHP will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by CTHP.

CTHP has 30 days to investigate the complaint. If more information is needed to resolve the case, CTHP may contact the complainant. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, CTHP can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.



Appendix B: Procedimientos de Quejas del Título VI

Cualquier persona que cree que él o ella ha sido víctima de discriminación en base a raza, color, u origen nacional por el sistema de tránsito de Consolidated Tribal Health Project, Inc. (CTHP) puede presentar una queja del Título VI, completando y enviando el Formulario de Quejas del Título VI de la agencia. CTHP investiga las quejas recibidas no más tardar 180 días después del supuesto incidente. CTHP procesará las denuncias que son completos.

Todos Título VI y las quejas de estatutos relacionados son considerados formales-no existe un proceso informal. Las quejas deben ser por escrito y firmado por el demandante en la forma proporcionada. Las quejas deben incluir el nombre del autor, dirección y número de teléfono y se detalla para especificar todas las cuestiones y circunstancias de la supuesta discriminación. Las denuncias deben basarse en cuestiones relacionadas con la raza, el color o el origen nacional. Quejas del Título VI de discriminación se pueden presentar con:

Consolidated Tribal Health Project, Inc.
Attn: Title VI Coordinator
6991 N. State St.
Redwood Valley, CA 95470

Una vez recibida la denuncia, CTHP lo revisará para determinar si nuestra oficina tiene jurisdicción. El demandante recibirá una carta de acuse de recibo informando a él / ella si la queja será investigada por CTHP.

CTHP tiene 30 días para investigar la denuncia. Si se necesita más información para resolver el caso, CTHP puede ponerse en contacto con el demandante. El demandante tiene 15 días hábiles desde la fecha de la carta a enviar la información solicitada para el investigador asignado al caso. Si el investigador no está en contacto con el reclamante o no reciba la información adicional dentro de los 15 días hábiles, CTHP puede cerrar administrativamente el caso. Un caso puede ser cerrado administrativamente también si el autor ya no desea seguir su caso.

Después de que el investigador revisa la queja, él / ella va a emitir una de las dos cartas a la denunciante: una carta de cierre o una carta de la búsqueda (LOF). Una carta de conclusión resume los hechos denunciados, y afirma que no hubo una violación del Título VI, y que el caso se cerrará. Un LOF resume los hechos denunciados y las entrevistas sobre el supuesto incidente y explica si alguna acción disciplinaria, la formación adicional del miembro del personal, u otra acción ocurrirá. Si el demandante desea apelar la decisión, él / ella tiene 30 días después de la fecha de la carta o el LOF para hacerlo.

Una persona también puede presentar una queja directamente con la Administración Federal de Tránsito, al TLC Oficina de Derechos Civiles, Atención: Coordinador de Programa del Título VI, Edificio Este, 5th Piso-TCR, 1200 New Jersey Avenue NW, Washington, DC 20590.



Appendix C: Title VI Complaint Form

Section 601 under Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” **If you feel you have been discriminated against, please provide the following information in order to assist the Consolidated Tribal Health Project, Inc. (CTHP) in processing your complaint.**

SECTION 1 (Please print clearly):

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (Home) _____ (Work)

Accessible format requirements? ____ (Large print) ____ (Audiotape) ____ (TDD) ____ (Other)

SECTION 2

Are you filing this complaint on your own behalf? ____ (Yes) ____ (No)

If you answered yes to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. ____ (Yes) ____ (No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):

_____ Race _____ Color _____ National Origin

Date and Place of Occurrence: _____

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

The action or decision which caused me to believe I was discriminated against is as follows:

(Please include a description of what happened and how your benefits were denied, delayed or affected):



Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

SECTION 4

Have you previously filed a Title VI complaint with this agency? ____ (Yes) ____ (No)

SECTION 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? ____ (Yes) ____ (No)

If yes, check all that apply:

Federal Agency ____ Federal Court ____ State Agency ____ State Court ____ Local Agency ____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone Number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge.

Signature and date required below:

Signature

Printed Name

Date

Please submit this form in person at the address below or mail this form to:

Consolidated Tribal Health Project, Inc. Title VI Coordinator

6991 N. State St.

Redwood Valley, CA 95470



Appendix C: Formulario de Quejas del Título VI

Sección 601 del Título VI del Acta de Derechos Civiles de 1964 establece que "Ninguna persona en los Estados Unidos, por motivos de raza, color u origen nacional, ser excluida de participar en, ser negado los beneficios de, o ser sometido a la discriminación bajo cualquier programa o actividad que reciba asistencia financiera federal. **"Si usted siente que ha sido discriminado, por favor proporcione la siguiente información con el fin de asistir al Consolidated Tribal Health Project, Inc. (CTHP) en el procesamiento de su queja.**

SECCIÓN 1 (Por favor escriba claramente):

Nombre: _____
Dirección: _____
Ciudad, Estado, Código Postal: _____
Número de teléfono: _____(Casa) _____(Trabajo)
Requisitos de formato accesible? ____ (Tipografía grande) ____ (Cinta de audio) ____ (TDD) ____ (Otros)

SECCION 2

¿Está usted presentando esta queja en su propio nombre? ____ (Sí) ____ (No)

Si usted contestó sí a esta pregunta, pase a la Sección 3.

Si no es así, por favor proporcione el nombre y la relación de la persona a la que usted se queja:

Nombre: _____ Relación: _____

Por favor, explique por qué usted ha presentado para un tercero: _____

Por favor, confirme que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de la tercera parte. ____ (Sí) ____ (No)

SECCIÓN 3

Creo que la discriminación que experimenté fue basada en (marque todo lo que corresponda):

_____ Raza _____ Color _____ Origen Nacional

Fecha y lugar del accidente: _____

Nombre (s) y cargo (s) de la persona (s) que creo que me discriminó:

La acción o decisión que me hizo creer que fui discriminado es el siguiente:

(Por favor, incluya una descripción de lo que pasó y cómo se les negaba sus beneficios, retraso o afectados):



Por favor escriba los nombres de todas y todos los testigos y los números de teléfono:

¿Qué tipo de acción correctiva le gustaría que se tomar?

SECCIÓN 4

¿Ha presentado anteriormente una queja del Título VI con esta agencia? ____ (Sí) ____ (No)

SECCIÓN 5

¿Ha presentado esta queja con cualquier otro federal, estatal o local, o ante cualquier tribunal federal o estatal? ____ (Sí) ____ (No)

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal ____ Tribunal Federal ____ Agencia Estatal ____ Tribunal Estatal ____ Agencia Local ____

Sírvanse proporcionar información acerca de una persona de contacto en la agencia / tribunal donde se presentó la queja.

Nombre: _____ Título: _____

Agencia: _____

Dirección: _____

Teléfono: _____

Puede adjuntar cualquier material escrito o cualquier otra información que usted considere relevante para su queja.

Creo que la información anterior es verdadera y correcta a lo mejor de mi conocimiento.

Firma y fecha requerida a continuación:

Firma

Nombre Impreso

Fecha

Por favor, envíe este formulario en persona en la dirección indicada más abajo o envíe por correo este formulario a:

Consolidated Tribal Health Project, Inc. Title VI Coordinator
6991 N. State St.
Redwood Valley, CA 95470



Appendix D

Policy Manual:

Patient Transportation Program



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Consolidated Tribal Health Project, Inc.

6991 N. State St.
Redwood Valley, CA 95470
707-485-5115

www.cthp.org

Policy Manual:

Patient Transportation Program

Patient Transportation Program

Purpose

To help increase and maintain access to health care, it is important that patients have transportation support. CTHP serves a large rural / frontier county, and patients travel as long as 1 ½ hours one way to get to an appointment. Travel out of county is often necessary when specialty services are unavailable in Mendocino County, and this puts a hardship on patients in time required to travel, and cost.

CTHP offers a Patient Transportation Program to help alleviate this burden for eligible patients.

Policy

Transportation is offered for eligible patients unable to get to CTHP, or to an externally referred provider for their appointment due to lack of transportation.

Transportation is provided for CTHP patients to medical, dental, behavioral health and WIC appointments (appointments for labs, procedures, therapy are also included).

CTHP does not provide transportation for personal business.

CTHP's Patient Transportation Program consists of the following components:

1. Transporters who schedule patient pick up and return.
2. PRC Travel Assistance (*PRC Program Policy Manual, Travel Assistance*)

Eligibility

Patients must meet eligibility requirements established by CTHP's Board of Directors. Priority is *generally* given as follows:

- Current CTHP AI/AN patients.
- Current CTHP Medicaid patients.
- Elders and mothers with children.
- Patients from all local Tribes that do not have a transportation program, or are unable to access a current transportation program offered by their Tribe.

Procedure

Referral

Patients must have a referral. A referral from a CTHP primary care provider (medical, dental or behavioral health) is required *before* transportation services are requested.

Scheduling a Transport

Transportation is offered on a first come, first served basis.

Transportation is limited and subject to Transporter availability and scheduling.

CTHP Transporters will work with patients to schedule transportation pick up and return for scheduled appointments.

Advance notice is highly recommended. Two weeks' notice is ideal, but if patients do not have that much notice before their scheduled appointment, they can call one of the Transporters to find out if transportation is possible.

Patient Transportation Program

Transportation of Minors

Patients under the age of 18 years *must* be accompanied by a parent or authorized guardian.

Patient Travel Assistance

Refer to CTHP's Purchased and Referred Care Program manual.

Patient Responsibilities

CTHP does its best to accommodate patients' needs, but it is ultimately the patient's responsibility to secure transportation to their appointments.

Patients have responsibilities to help our Transportation Services run optimally for all patients. These responsibilities include the following:

- Show up. Be at the scheduled location, at the scheduled time.
- Wear seat belts properly.
- Children must be secured in suitable car seats.
- Be respectful of the driver and all passengers.
- Foul language and aggressive behavior will not be tolerated.
- Stops for personal business are not allowed.
- Smoking (including electronic cigarette devices), consumption of alcohol or illicit drugs are not allowed in or around CTHP vehicles.
- Individuals that appear to be under the influence of alcohol or drugs will not be transported.
- Disruptive behavior that endangers the driver and vehicle occupants will not be tolerated.
- Food and/or beverages are not allowed in vehicles for trips less than one hour, unless medically necessary.
- Patients must take all personal items with them. CTHP is not responsible for lost items.
- Patients will dispose of any trash in appropriate trash receptacles.
- No firearms, loaded or unloaded, self-defense devices/weapon are allowed in CTHP vehicles.
- Special arrangements must be made in advance with the Transportation Director regarding the transport of a companion animal.

Patient Transportation Program

Definitions

Documents

Documents are available in the Administration department and in the Community Outreach Services Department, with Transportation Services.

Citations

None

References

CTHP Patient Rights and Responsibilities Policy Approved 5/15

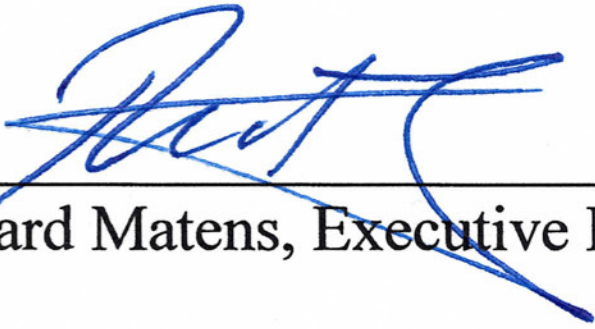
CTHP Administration Policy 2008

Sources

NA

Patient Transportation Program

**Policy Approval:
Patient Transportation Program
Signatures Page**



Richard Matens, Executive Director

10/27/2016

Date



Board Approvals

Committee Approval for Recommendation

CTHP's Patient Transportation Program policy was reviewed by the Board Quality Improvement Committee during a regularly scheduled meeting on June 15, 2016.

The Committee recommended that this policy be approved by the full board of directors.



Patrick Naredo
Board Quality Improvement Committee Chairman

CTHP Board Approval

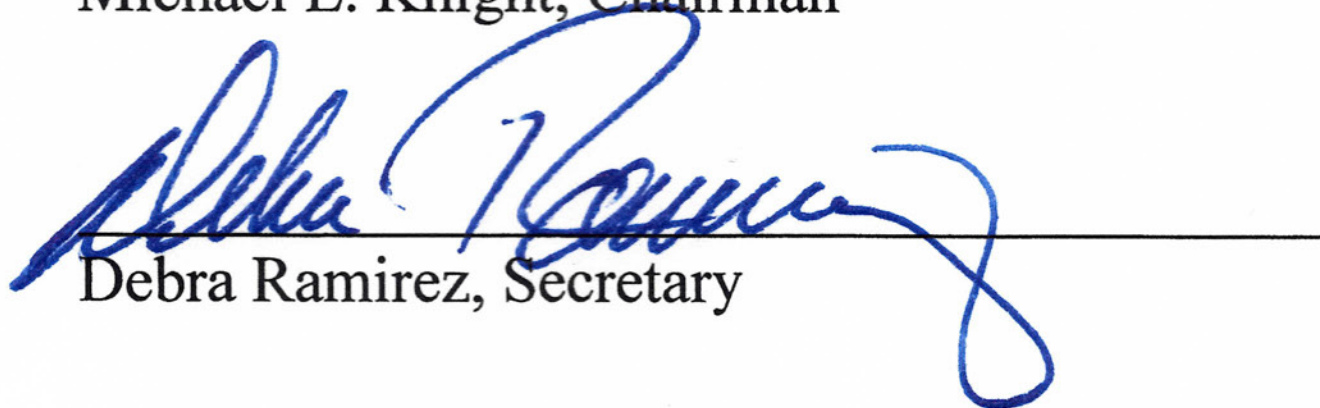
CTHP's Patient Transportation Services Policy was approved by the Board of Directors during a regularly scheduled meeting on October 20, 2016.



Michael L. Knight, Chairman

10/27/2016

Date



Debra Ramirez, Secretary

10/27/2016

Date



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Appendix E: Transit Brochure

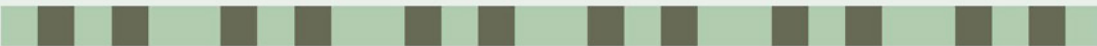
Consolidated Tribal Health Project Transportation Department

Transportation is offered to eligible patients for appointments at Consolidated Tribal Health Project and to referral services outside the clinic.

Services are provided Monday through Friday from 8:00 a.m. to 5:00 p.m.
(except on observed holidays)



- Transporters are available to pick up patients and take them to, and from, their scheduled appointments.
- Transportation is available for medical, dental and behavioral health appointments at Consolidated Tribal Health Project, as well as referrals to providers or specialty services outside the clinic.
- Minors under 18 years of age must be accompanied by a parent or authorized guardian.
- Priority for accessing transportation is:
 - Current Consolidated Tribal Health Project patients
 - Current Consolidated Tribal Health Project Medicaid patients
 - Elders and mothers with children
 - Patients from all local Tribes that do not have a transportation program, or are unable to access transportation offered by their Tribe.



The Transportation Department will make every effort to accommodate the patient's need.

To ensure availability it is advisable to schedule transportation two weeks in advance.

To schedule transportation call 707-467-5658 or 707-467-5610



Appendix E: Transit Brochure

Consolidated Tribal Health Project Departamento de Transporte

Se ofrece transporte a pacientes elegibles para citas en Consolidated Tribal Health Project y para servicios de derivación fuera de la clínica.

Los servicios se brindan de lunes a viernes de 8:00 a.m. a 5:00 p.m.

- Los transportadores están disponibles para recoger pacientes y llevarlos a sus citas programadas.
- El transporte está disponible para citas médicas, dentales y de salud conductual en Consolidated Tribal Health Project, así como referencias a proveedores o servicios especializados fuera de la clínica.
- Los menores de 18 años deben estar acompañados por un padre o tutor autorizado.
- La prioridad de acceder al transporte es:
 - Pacientes actuales de Consolidated Tribal Health Project
 - Pacientes actuales de Medicaid del Consolidated Tribal Health Project
 - Ancianos y madres con hijos
 - Pacientes de todas las Tribus locales que no tienen un programa de transporte o no pueden acceder al transporte por su Tribu.

El Departamento de Transporte hará todo lo posible para satisfacer las necesidades del paciente. Para garantizar la disponibilidad, es recomendable programar el transporte con dos semanas de anticipación.

Para programar transporte, llama al 707-467-5658 o 707-467-5610



Appendix F: List of Transit-Related Title VI Investigations, Complaints, and Lawsuits

Per FTA Circular 4702.1B, “all recipients are required to prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin”:

- Active investigations conducted by FTA and entities other than FTA
- Lawsuits; and
- Complaints naming the recipient

Thus far, the Consolidated Tribal Health Project, Inc. has not received Title VI Investigations, Complaints or Lawsuits. Below is the list that will be used for tracking these incidents:

Investigations, Lawsuits and Complaints

	Date (Month, Day, Year)	Summary (Include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.	N/A			
2.	N/A			
Lawsuits				
1.	N/A			
2.	N/A			
Complaints				
1.	N/A			
2.	N/A			



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Appendix G: Public Participation Plan

Summary of Outreach Efforts Made

- Their website (<http://www.cthp.org/>)
- Word of mouth
- Their monthly newsletter
- Placement of brochures in all tribal offices

Outreach Plan to Engage Minority and LEP Populations

Due to the types of services provided by the Consolidated Tribal Health Project (CTHP), an outreach plan to engage minority and LEP populations isn't very feasible. CTHP will distribute their transportation flyer to all tribal offices in English and Spanish.



Appendix H: Letter Acknowledging Receipt of Title VI Complaint

Today's Date

Ms. Jane Doe
1234 Main St.
Redwood Valley, CA 95470

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against Consolidated Tribal Health Project, Inc. alleging _____.

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning (707) 485-5115, or write to:

Consolidated Tribal Health Project, Inc.
Attn: Title VI Coordinator
6991 N. State St.
Redwood Valley, CA 95470

Sincerely,

Consolidated Tribal Health Project, Inc. Title VI Coordinator



Appendix I: Letter of Finding (Notifying Complainant that Complaint Is Substantiated)

Today's Date

Ms. Jane Doe
1234 Main St.
Redwood Valley, CA 95470

Dear Ms. Doe:

The matter referenced in your letter of _____ (date) against the Consolidated Tribal Health Project, Inc. alleging a Title VI violation has been investigated.

(An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of this matter. ***(If a hearing is requested, the following sentence may be appropriate.)*** You may be hearing from this office, or from Federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Consolidated Tribal Health Project, Inc. Title VI Coordinator



Appendix J: Closure Letter (Notifying Complainant that the Complaint Is Not Substantiated)

Today's Date

Ms. Jane Doe
1234 Main St.
Redwood Valley, CA 95470

Dear Ms. Doe:

The matter referenced in your complaint of _____ (date) against Consolidated Tribal Health Project, Inc. (CTHP) alleging _____ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, have in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving Federal financial assistance.

CTHP has analyzed the materials and facts pertaining to your case for evidence of CTHP's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to appeal this decision within thirty calendar days of receipt of this final written decision from CTHP.

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to contact me.

Sincerely,

Consolidated Tribal Health Project, Inc. Title VI Coordinator



Appendix K

Caltrans Public Participation Survey

Participating Agency: Consolidated Tribal Health Project, Inc.

The following information is being collected by the California Department of Transportation (Caltrans) in order to comply with Title VI of the Civil Rights Act of 1964, *Nondiscrimination in Federally Assisted Programs*. Please take a few moments to complete the following questions. The data you provide will enable Caltrans to identify residents and communities impacted by federally funded projects/or activities. Please check the appropriate boxes with an "X" that best describes you and return the completed survey to the event coordinator. Submittal of this information is *voluntary*.

Sex

Male Female

Ethnicity

Hispanic or Latino Not Hispanic or Latino

Race

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Other: _____

Disability

Yes No

Age

Under 40 Over 40

Income

- \$22,050 or Less
- Over \$22,051

Language

What language is primarily spoken in your household? _____



Categories and Definitions

The minimum categories for data on race and ethnicity for federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- a. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- b. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- d. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- e. **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- f. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



Appendix K

Caltrans Encuesta de Participación Pública

Agencia participante: Consolidated Tribal Health Project, Inc.

La siguiente información está siendo recopilada por el Departamento de Transporte de California (Caltrans) con el fin de cumplir con el Título VI del Acta de Derechos Civiles de 1964, No discriminación en los programas de asistencia federal. Por favor tómese unos minutos para completar las siguientes preguntas. Los datos que proporcione permitirá Caltrans para identificar los residentes y las comunidades afectadas por los proyectos financiados por el gobierno federal / o actividades. Por favor, marque las casillas correspondientes wiht una "X" que mejor te describes y devuelva la encuesta completada a la coordinadora del evento. La presentación de esta información es voluntario.

Sexo

Hombre Mujer

Etnicidad

Hispano or Latino No Hispano or Latino

Raza

- Indio Americano o Nativo de Alaska
- Americano Negro o Africano
- Hawaiano Nativo o otra Isla del Pacifico
- Asiático
- Blanco
- Otro: _____

Discapacidad

Sí No

Edad

Menos de 40 Más de 40

Ingresos

- \$22.050 o Menos
- Más de \$22.051

Idioma

¿Qué idioma se habla principalmente en su hogar? _____



Categorías y Definiciones

Las categorías mínimas para datos de raza y origen étnico de las estadísticas federales, informes administrativos del programa, y los informes de cumplimiento de los derechos civiles se definen como sigue:

- a. **Indio Americano o Nativo de Alaska:** Una persona que tiene orígenes en cualquiera de los pueblos originales de Norte y Sudamérica (incluyendo América Central), y que mantiene una afiliación tribal o de comunidad.
- b. **Asiático:** Una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Filipinas, Tailandia y Vietnam.
- c. **Americano Negro o Africano:** Una persona que tiene orígenes en cualquiera de los grupos raciales negros de África.
- d. **Hispano or Latino:** Una persona de origen Cubano, Mexicano, Puertorriqueño, Centro o Sudamericano o de otra cultura u origen Español, sin importar la raza.
- e. **Hawaiano Nativo o otra Isla del Pacífico:** Una persona que tiene orígenes en cualquiera de los pueblos originales de Hawaii, Guam, Samoa u otras Islas del Pacífico.
- f. **Blanco:** Una persona que tiene orígenes en cualquiera de los pueblos originales de Europa, el Medio Oriente o África del Norte.



Appendix L

Training Materials



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POLICY AND PROCEDURES FOR INTERACTIONS WITH LEP PERSONS

POLICY:

Consolidated Tribal Health Project, Inc. (CTHP) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of CTHP is to ensure meaningful communication with LEP clients and their representatives. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff and arrangements with local organizations providing interpretation or translation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

CTHP will promptly attempt to identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (the "I Speak" cards). In addition, when records are kept of past interactions with clients the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

CTHP staff is responsible for maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual resources (including staff). Staff is also responsible for contacting the appropriate bilingual resource to interpret, in the event that an interpreter is needed;

If the LEP person's native language is Spanish, utilize the Center's Spanish speaking employee or volunteers for any communication needs. If none of these people are available, call Nuestra Casa for assistance.

If the LEP person's native language is not English or Spanish, contact the Mendocino County Social Services for available resources. If no resources are available, document the interaction so that resources for the particular language will be available in the future.

3. DOCUMENTING INTERACTIONS WITH LEP PERSONS

When CTHP staff interacts with a LEP person, they must document the encounter using the LEP Documentation Form. This will help CTHP track which languages may be needed in the future to assist LEP clients.



LEP Documentation Form

Date of Contact: _____

Location of Contact: _____

Name of staff member filling out form: _____

Indicate language of LEP person: SPANISH Other: _____

How were the LEP language needs met? _____

Please describe the nature of the LEP person's visit: _____

Were their needs met by the end of the visit? Yes No

2004 Census Test **2010 Census**
LANGUAGE IDENTIFICATION FLASHCARD

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

Մարդկանք հարցնում ենք Ձեր լեզուն, ինչպես կոչվում է Ձեր լեզուն:

2. Armenian

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বক্সে দাগ দিন।

3. Bengali

ឈ្មោះអ្នកនិយាយនេះ: បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

Motka i kahhon ya yangin untungnu' manaitai pat untungnu' kumentos Chamorro.

5. Chamorro

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

如果你能读中文或讲中文，请选择此框。

7. Traditional Chinese

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

Mark this box if you read or speak English.

11. English

اگر خواندن و نوشتن فارسی، بلد هستید این مربع را علامت بزنید.

12. Farsi

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите ovaj kvadratić ukoliko čitate или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ใส่เครื่องหมายกากบาทในช่องสี่เหลี่ยมนี้หากคุณอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukranian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | בצייכונט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |



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Appendix M: 2011-2015 American Community Survey 5-Year Estimates

2011-2015 American Community Survey 5-Year Estimates	
Language Spoken at Home	Mendocino County
Total:	82,476
<u>5 to 17 Years</u>	14,025
English only:	9,652
Spanish	4,033
<i>Speak English less than "very well"</i>	1,020
Other Indo-European languages:	274
<i>Speak English less than "very well"</i>	0
Asian and Pacific Island languages:	66
<i>Speak English less than "very well"</i>	6
Other languages:	0
<i>Speak English less than "very well"</i>	0
<u>18 to 64 Years</u>	52,575
English only:	40,950
Spanish	9,964
<i>Speak English less than "very well"</i>	5,692
Other Indo-European languages:	1,044
<i>Speak English less than "very well"</i>	308
Asian and Pacific Island languages:	524
<i>Speak English less than "very well"</i>	158
Other languages:	93
<i>Speak English less than "very well"</i>	0
<u>65 Years and over</u>	15,876
English only:	14,672
Spanish	601
<i>Speak English less than "very well"</i>	358
Other Indo-European languages:	386
<i>Speak English less than "very well"</i>	53
Asian and Pacific Island languages:	174
<i>Speak English less than "very well"</i>	46
Other languages:	43
<i>Speak English less than "very well"</i>	14

Sources:

"2011-2015 American Community Survey 5-Year Estimates: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over" (Table B16004) for Mendocino County



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**Appendix N: 2011-2015 American Community Survey 5-year Estimates:
Language Spoken at Home By Ability to Speak
English for the Population 5 Years and Over**

	Mendocino County	% of Population
Total:	82,476	100.0%
Speak only English	65,274	79.1%
Spanish or Spanish Creole:	14,598	17.7%
Speak English "very well"	7,528	9.1%
Speak English less than "very well"	7,070	8.6%
French (incl. Patois, Cajun):	332	0.4%
Speak English "very well"	271	0.3%
Speak English less than "very well"	61	0.1%
French Creole:	0	0.0%
Speak English "very well"	0	0.0%
Speak English less than "very well"	0	0.0%
Italian:	151	0.2%
Speak English "very well"	120	0.1%
Speak English less than "very well"	31	0.0%
Portuguese or Portuguese Creole:	93	0.1%
Speak English "very well"	62	0.1%
Speak English less than "very well"	31	0.0%
German:	191	0.2%
Speak English "very well"	183	0.2%
Speak English less than "very well"	8	0.0%
Yiddish:	11	0.0%
Speak English "very well"	11	0.0%
Speak English less than "very well"	0	0.0%
Other West Germanic languages:	69	0.1%
Speak English "very well"	69	0.1%
Speak English less than "very well"	0	0.0%
Scandinavian languages:	38	0.0%
Speak English "very well"	38	0.0%
Speak English less than "very well"	0	0.0%
Greek:	11	0.0%
Speak English "very well"	11	0.0%
Speak English less than "very well"	0	0.0%
Russian:	76	0.1%
Speak English "very well"	42	0.1%
Speak English less than "very well"	34	0.0%
Polish:	118	0.1%
Speak English "very well"	97	0.1%
Speak English less than "very well"	21	0.0%
Serbo-Croatian:	0	0.0%



Speak English "very well"	0	0.0%
Speak English less than "very well"	0	0.0%
Other Slavic languages:	30	0.0%
Speak English "very well"	30	0.0%
Speak English less than "very well"	0	0.0%
Armenian:	143	0.2%
Speak English "very well"	86	0.1%
Speak English less than "very well"	57	0.1%
Persian:	45	0.1%
Speak English "very well"	31	0.0%
Speak English less than "very well"	14	0.0%
Gujarati:	13	0.0%
Speak English "very well"	9	0.0%
Speak English less than "very well"	4	0.0%
Hindi:	72	0.1%
Speak English "very well"	33	0.0%
Speak English less than "very well"	39	0.0%
Urdu:	75	0.1%
Speak English "very well"	55	0.1%
Speak English less than "very well"	20	0.0%
Other Indic languages:	216	0.3%
Speak English "very well"	175	0.2%
Speak English less than "very well"	41	0.0%
Other Indo-European languages:	20	0.0%
Speak English "very well"	20	0.0%
Speak English less than "very well"	0	0.0%
Chinese:	213	0.3%
Speak English "very well"	162	0.2%
Speak English less than "very well"	51	0.1%
Japanese:	64	0.1%
Speak English "very well"	35	0.0%
Speak English less than "very well"	29	0.0%
Korean:	99	0.1%
Speak English "very well"	70	0.1%
Speak English less than "very well"	29	0.0%
Mon-Khmer, Cambodian:	32	0.0%
Speak English "very well"	19	0.0%
Speak English less than "very well"	13	0.0%
Hmong:	25	0.0%
Speak English "very well"	21	0.0%
Speak English less than "very well"	4	0.0%
Thai:	23	0.0%
Speak English "very well"	14	0.0%
Speak English less than "very well"	9	0.0%
Laotian:	0	0.0%
Speak English "very well"	0	0.0%



Speak English less than "very well"	0	0.0%
Vietnamese:	20	0.0%
Speak English "very well"	6	0.0%
Speak English less than "very well"	14	0.0%
Other Asian languages:	0	0.0%
Speak English "very well"	0	0.0%
Speak English less than "very well"	0	0.0%
Tagalog:	218	0.3%
Speak English "very well"	157	0.2%
Speak English less than "very well"	61	0.1%
Other Pacific Island languages:	70	0.1%
Speak English "very well"	70	0.1%
Speak English less than "very well"	0	0.0%
Navajo:	0	0.0%
Speak English "very well"	0	0.0%
Speak English less than "very well"	0	0.0%
Other Native North American languages:	62	0.1%
Speak English "very well"	60	0.1%
Speak English less than "very well"	2	0.0%
Hungarian:	2	0.0%
Speak English "very well"	0	0.0%
Speak English less than "very well"	2	0.0%
Arabic:	38	0.0%
Speak English "very well"	38	0.0%
Speak English less than "very well"	0	0.0%
Hebrew:	3	0.0%
Speak English "very well"	3	0.0%
Speak English less than "very well"	0	0.0%
African languages:	10	0.0%
Speak English "very well"	10	0.0%
Speak English less than "very well"	0	0.0%
Other and unspecified languages:	21	0.0%
Speak English "very well"	11	0.0%
Speak English less than "very well"	10	0.0%

Source:

"2011-2015 American Community Survey 5-Year Estimates: Language Spoken at Home By Ability to Speak English for the Population 5 Years and Over" (Table B16001) for Mendocino County



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RESOLUTION #01-18

A RESOLUTION OF CONSOLIDATED TRIBAL HEALTH PROJECT APPROVING A TITLE VI POLICY PURSUANT TO THE CIVIL RIGHTS ACT OF 1964 AND THE CIVIL RIGHTS RESTORATION ACT OF 1987; APPROVING THE ASSOCIATED LIMITED ENGLISH PROFICIENCY PLAN; AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE SAID POLICY ON BEHALF OF CONSOLIDATED TRIBAL HEALTH PROJECT AND APPOINT A TITLE VI COORDINATOR; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, as the recipient of Federal Transit Administration (FTA) funding, Consolidated Tribal Health Project must establish and maintain a Title VI program, including a Limited English Proficiency Plan, pursuant to Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987; and

WHEREAS, Consolidated Tribal Health Project desires to establish a plan to ensure patrons of Consolidated Tribal Health Project are protected from civil rights violations; and

NOW THEREFORE, be it resolved by the Board of Directors of Consolidated Tribal Health Project as follows:

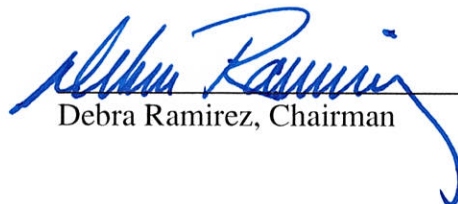
Section 1. That the Title VI Policy, a copy of which is attached hereto and incorporated herein by reference be, and the same hereby is, approved as to both form and substance.

Section 2. That the associated Limited English Proficiency Plan, a copy of which is attached hereto and incorporated herein by reference be, and the same hereby is, approved as to both form and substance.

Section 3. That the Executive Director is here authorized to execute the Title VI Plan and associated Limited English Proficiency Plan and appoint a Title VI Coordinator.

Section 4. That this Resolution shall be in full force and effective immediately upon its adoption and approval.

PASSED by the Board of Directors and Approved by the President this 5 day of February, 2018.


Debra Ramirez, Chairman

ATTEST:


Erica Carson, Secretary